RIVERDALE HEALTH CARE & REHABILTATION CENTER

1000 NORTH WISCONSIN AVENUE

MUSCODA 53573 Phone: (608) 739-3186 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): **58** Yes Total Licensed Bed Capacity (12/31/01): 65 Title 19 (Medicaid) Certified? Yes Average Daily Census: 55 Number of Residents on 12/31/01: 51

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	27. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	45. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	9.8	More Than 4 Years	27. 5
Day Services	Yes	Mental Illness (Org./Psy)	23. 5	65 - 74	5. 9		
Respite Care	Yes	Mental Illness (Other)	7.8	75 - 84	37. 3		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	43. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	3. 9	Full-Time Equivalen	t
Congregate Meals	No	Cancer	5. 9		[Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	2. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	21.6	65 & 0ver	90. 2		
Transportati on	No	Cerebrovascul ar	2. 0			RNs	9. 4
Referral Service	No	Di abetes	9. 8	Sex	%	LPNs	12. 9
Other Services	Yes	Respi ratory	3. 9		Ì	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	23. 5	Male	29.4	Aides, & Orderlies	36. 9
Mentally Ill	No			Femal e	70.6		
Provi de Day Programming for	ĺ		100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			ledicaid litle 19			0ther			Pri vate Pay		Family Care		Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	5	100. 0	298	3	7. 3	108	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	8	15. 7
Skilled Care	0	0.0	0	37	90. 2	94	0	0.0	0	5	100.0	142	0	0.0	0	0	0.0	0	42	82. 4
Intermedi ate				1	2.4	79	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100. 0		41	100. 0		0	0.0		5	100.0		0	0.0		0	0.0		51	100.0

RIVERDALE HEALTH CARE & REHABILTATION CENTER

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01								
beachs builting kepoliting relifou				% Needi ng		Total				
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of			
Private Home/No Home Health	13. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff		Resi dents			
Private Home/With Home Health	3. 3	Bathi ng	0.0		76. 5	23. 5	51			
Other Nursing Homes	1. 7	Dressi ng	35. 3		41. 2	23. 5	51			
Acute Care Hospitals	81. 7	Transferring	47. 1		31. 4	21. 6	51			
Psych. HospMR/DD Facilities	0.0	Toilet Use	41. 2		41. 2	17. 6	51			
Reĥabilitation Hospitals	0.0	Eating	68. 6		19. 6	11. 8	51			
Other Locations	0.0	***************	**********	*****	************	**************	********			
Total Number of Admissions	60	Conti nence		%	Special Treatmen	ts	%			
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.0	Receiving Resp	i ratory Care	17. 6			
Private Home/No Home Health	46. 2	Occ/Freq. Incontinen		43. 1	Recei vi ng Trac	heostomy Care	0. 0			
Private Home/With Home Health	13.8	Occ/Freq. Incontinen	t of Bowel	25. 5	Receiving Suct	i oni ng Č	0. 0			
Other Nursing Homes	6. 2	*			Receiving Osto	my Care	3. 9			
Acute Care Hospitals	13. 8	Mobility			Receiving Tube	Feedi ng	3. 9			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	21.6			
Rehabilitation Hospitals	0.0				S	•				
Other Locations	0.0	Skin Care			Other Resident C	haracteri sti cs				
Deaths	20.0	With Pressure Sores		3. 9	Have Advance D	i recti ves	0. 0			
Total Number of Discharges		With Rashes		0. 0	Medi cati ons					
(Including Deaths)	65				Receiving Psyc	hoactive Drugs	13. 7			

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Propri etary 50-99 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 84. 1 82. 5 1.02 86. 4 0.97 85.8 0.98 84. 6 0.99 Current Residents from In-County 51.0 74.3 0.69 69. 6 0.73 69. 4 0.73 77. 0 0.66 Admissions from In-County, Still Residing 15.0 19.8 0.76 19. 9 0.75 23. 1 0.65 20.8 0.72 Admissions/Average Daily Census 109. 1 148. 2 0.74 133. 4 0.82 105. 6 1.03 128. 9 0.85 Discharges/Average Daily Census 118.2 146.6 0.81 132. 0 0.90 105. 9 1. 12 130. 0 0.91 Discharges To Private Residence/Average Daily Census 70.9 58. 2 1. 22 49.7 1.43 38. 5 1.84 52.8 1.34 Residents Receiving Skilled Care 98. 0 92.6 1.06 90.0 1.09 89. 9 1.09 85. 3 1. 15 Residents Aged 65 and Older 90. 2 95. 1 0.95 94. 7 0.95 93. 3 0.97 87. 5 1.03 Title 19 (Medicaid) Funded Residents 80.4 66.0 1. 22 68.8 1. 17 69.9 1. 15 68. 7 1.17 Private Pay Funded Residents 22. 2 23. 6 0.42 22.2 22. 0 9.8 0.44 0.44 0.45 Developmentally Disabled Residents 0.0 0.8 0.00 1.0 0.00 0.8 7. 6 0.00 0.00 Mentally Ill Residents 31.4 31.4 1.00 36. 3 0.86 38. 5 0.82 33. 8 0.93 General Medical Service Residents 23. 5 23.8 0.99 21. 1 1. 11 21. 2 1. 11 19. 4 1. 21 49.3 Impaired ADL (Mean) 41.2 46. 9 0.88 47. 1 0.87 46. 4 0.89 0.84 Psychological Problems 13. 7 47. 2 0.29 49. 5 0.28 52.6 0.26 51. 9 0. 26 Nursing Care Required (Mean) 7.4 7.3 0.87 6. 4 6. 7 0.96 6. 7 0. 95 0.86